

# Montana Medicaid - Fee Schedule

## EPSDT

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 47% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$24.94.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Fees** The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code descriptor

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A co-surgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
31502	EP	CHANGE OF WINDPIPE AIRWAY	7/1/2003	RBRVS	\$74.24	\$27.25	000		Y				
31720	EP	CLEARANCE OF AIRWAYS	7/1/2003	RBRVS	\$83.56	\$41.78	000		Y				
31725	EP	CLEARANCE OF AIRWAYS	7/1/2003	RBRVS	\$76.70	\$76.70	000		Y				
36600	EP	WITHDRAWAL OF ARTERIAL BLOOD	7/1/2003	RBRVS	\$21.14	\$12.38			Y				
72010		X-RAY EXAM OF SPINE	7/1/2003	RBRVS	\$47.11	\$47.11							
72010	TC	X-RAY EXAM OF SPINE	7/1/2003	RBRVS	\$29.00	\$29.00							
72010	26	X-RAY EXAM OF SPINE	7/1/2003	RBRVS	\$18.12	\$18.12							
72040		X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	\$25.72	\$25.72							
72040	TC	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	\$17.06	\$17.06							
72040	26	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	\$8.67	\$8.67							
72070		X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	\$27.10	\$27.10							
72070	TC	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	\$18.43	\$18.43							
72070	26	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	\$8.67	\$8.67							
72100		X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	\$28.12	\$28.12							
72100	TC	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	\$18.99	\$18.99							
72100	26	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	\$9.17	\$9.17							
82800		BLOOD PH	1/1/2003	MEDICARE	\$19.72	\$0.00							
82803		BLOOD GASES: PH, PO2 & PCO2	1/1/2003	MEDICARE	\$45.07	\$0.00							
90700		DTAP VACCINE, IM	7/1/2003	RBRVS	\$16.56	\$16.56							
90701		DTP VACCINE, IM	7/1/2003	RBRVS	\$17.52	\$17.52							
90702		DT VACCINE < 7, IM	7/1/2003	RBRVS	\$7.95	\$7.95							
90703		TETANUS VACCINE, IM	7/1/2003	RBRVS	\$8.61	\$8.61							
90704		MUMPS VACCINE, SC	7/1/2003	RBRVS	\$12.94	\$12.94							
90705		MEASLES VACCINE, SC	7/1/2003	RBRVS	\$10.07	\$10.07							
90706		RUBELLA VACCINE, SC	7/1/2003	RBRVS	\$11.10	\$11.10							
90707		MMR VACCINE, SC	7/1/2003	RBRVS	\$27.28	\$27.28							
90708		MEASLES-RUBELLA VACCINE, SC	7/1/2003	BY REPORT	\$0.00	\$0.00							
90710		MMRV VACCINE, SC	7/1/2003	BY REPORT	\$0.00	\$0.00							
90712		ORAL POLIOVIRUS VACCINE	7/1/2003	RBRVS	\$10.60	\$10.60							
90713		POLIOVIRUS, IPV, SC	7/1/2003	RBRVS	\$14.97	\$14.97							
90716		CHICKEN POX VACCINE, SC	7/1/2003	RBRVS	\$44.12	\$44.12							
90719		DIPHThERIA VACCINE, IM	7/1/2003	RBRVS	\$10.26	\$10.26							
90720		DTP/HIB VACCINE, IM	7/1/2003	RBRVS	\$36.17	\$36.17							
90721		DTAP/HIB VACCINE, IM	7/1/2003	RBRVS	\$36.17	\$36.17							
90723		DTAP-HEP B-IPV VACCINE, IM	7/1/2003	BY REPORT	\$0.00	\$0.00							
90735		ENCEPHALITIS VACCINE, SC	7/1/2003	BY REPORT	\$0.00	\$0.00							
90740		HEPB VACC ILL PAT 3 DOSE IM	7/1/2003	RBRVS	\$50.11	\$50.11							
90743		HEP B VACC ADOL 2 DOSE IM	7/1/2003	RBRVS	\$19.74	\$19.74							
90744		HEPB VACC PED/ADOL 3 DOSE IM	7/1/2003	RBRVS	\$23.45	\$23.45							
90746		HEP B VACCINE ADULT IM	7/1/2003	RBRVS	\$50.14	\$50.14							
90747		HEPB VACC ILL PAT 4 DOSE IM	7/1/2003	RBRVS	\$47.74	\$47.74							
90748		HEP B/HIB VACCINE, IM	7/1/2003	RBRVS	\$37.04	\$37.04							
92506		SPEECH/HEARING EVALUATION	7/1/2003	RBRVS	\$70.90	\$37.57							

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					Office	Facility					Assist	CoSurg	Team
92507		SPEECH/HEARING THERAPY	7/1/2003	RBRVS	\$58.46	\$22.42							
92508		SPEECH/HEARING THERAPY	7/1/2003	RBRVS	\$47.52	\$11.19							
92526		ORAL FUNCTION THERAPY	7/1/2003	RBRVS	\$60.99	\$22.48							
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/2003	RBRVS	\$43.06	\$43.06							
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/2003	RBRVS	\$25.32	\$25.32							
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/2003	RBRVS	\$17.77	\$17.77							
92542		POSITIONAL NYSTAGMUS TEST	7/1/2003	RBRVS	\$43.25	\$43.25							
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2003	RBRVS	\$28.87	\$28.87							
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2003	RBRVS	\$14.37	\$14.37							
92543		CALORIC VESTIBULAR TEST	7/1/2003	RBRVS	\$20.61	\$20.61							
92543	TC	CALORIC VESTIBULAR TEST	7/1/2003	RBRVS	\$16.06	\$16.06							
92543	26	CALORIC VESTIBULAR TEST	7/1/2003	RBRVS	\$4.55	\$4.55							
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2003	RBRVS	\$34.89	\$34.89							
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2003	RBRVS	\$23.39	\$23.39							
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2003	RBRVS	\$11.47	\$11.47							
92545		OSCILLATING TRACKING TEST	7/1/2003	RBRVS	\$32.08	\$32.08							
92545	TC	OSCILLATING TRACKING TEST	7/1/2003	RBRVS	\$22.04	\$22.04							
92545	26	OSCILLATING TRACKING TEST	7/1/2003	RBRVS	\$10.04	\$10.04							
92546		SINUSOIDAL ROTATIONAL TEST	7/1/2003	RBRVS	\$70.72	\$70.72							
92546	TC	SINUSOIDAL ROTATIONAL TEST	7/1/2003	RBRVS	\$58.09	\$58.09							
92546	26	SINUSOIDAL ROTATIONAL TEST	7/1/2003	RBRVS	\$12.63	\$12.63							
92547		SUPPLEMENTAL ELECTRICAL TEST	7/1/2003	RBRVS	\$37.73	\$37.73							
92548		POSTUROGRAPHY	7/1/2003	RBRVS	\$126.47	\$126.47							
92548	TC	POSTUROGRAPHY	7/1/2003	RBRVS	\$103.83	\$103.83							
92548	26	POSTUROGRAPHY	7/1/2003	RBRVS	\$22.64	\$22.64							
92551		PURE TONE HEARING TEST, AIR	7/1/2003	RBRVS	\$9.42	\$9.42							
92552		PURE TONE AUDIOMETRY, AIR	7/1/2003	RBRVS	\$12.97	\$12.97							
92553		AUDIOMETRY, AIR & BONE	7/1/2003	RBRVS	\$19.18	\$19.18							
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2003	RBRVS	\$11.07	\$11.07							
92556		SPEECH AUDIOMETRY, COMPLETE	7/1/2003	RBRVS	\$16.71	\$16.71							
92557		COMPREHENSIVE HEARING TEST	7/1/2003	RBRVS	\$34.49	\$34.49							
92559		GROUP AUDIOMETRIC TESTING	7/1/2003	BY REPORT	\$0.00	\$0.00							
92560		BEKESY AUDIOMETRY, SCREEN	7/1/2003	BY REPORT	\$0.00	\$0.00							
92561		BEKESY AUDIOMETRY, DIAGNOSIS	7/1/2003	RBRVS	\$20.80	\$20.80							
92562		LOUDNESS BALANCE TEST	7/1/2003	RBRVS	\$11.88	\$11.88							
92563		TONE DECAY HEARING TEST	7/1/2003	RBRVS	\$11.07	\$11.07							
92564		SISI HEARING TEST	7/1/2003	RBRVS	\$13.75	\$13.75							
92565		STENGER TEST, PURE TONE	7/1/2003	RBRVS	\$11.60	\$11.60							
92567		TYMPANOMETRY	7/1/2003	RBRVS	\$15.34	\$15.34							
92568		ACOUSTIC REFLEX TESTING	7/1/2003	RBRVS	\$11.07	\$11.07							
92569		ACOUSTIC REFLEX DECAY TEST	7/1/2003	RBRVS	\$11.88	\$11.88							
92571		FILTERED SPEECH HEARING TEST	7/1/2003	RBRVS	\$11.32	\$11.32							
92572		STAGGERED SPONDAIC WORD TEST	7/1/2003	RBRVS	\$2.68	\$2.68							

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of information contained in the fee schedules.

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					Office	Facility					Assist	CoSurg	Team
92573		LOMBARD TEST	7/1/2003	RBRVS	\$10.23	\$10.23							
92575		SENSORINEURAL ACUITY TEST	7/1/2003	RBRVS	\$8.64	\$8.64							
92576		SYNTHETIC SENTENCE TEST	7/1/2003	RBRVS	\$13.19	\$13.19							
92577		STENGER TEST, SPEECH	7/1/2003	RBRVS	\$21.02	\$21.02							
92579		VISUAL AUDIOMETRY (VRA)	7/1/2003	RBRVS	\$21.08	\$21.08							
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2003	RBRVS	\$21.08	\$21.08							
92583		SELECT PICTURE AUDIOMETRY	7/1/2003	RBRVS	\$25.91	\$25.91							
92584		ELECTROCOCHLEOGRAPHY	7/1/2003	RBRVS	\$71.31	\$71.31							
92585		AUDITOR EVOKE POTENT, COMPRE	7/1/2003	RBRVS	\$74.24	\$74.24							
92585	TC	AUDITOR EVOKE POTENT, COMPRE	7/1/2003	RBRVS	\$52.97	\$52.97							
92585	26	AUDITOR EVOKE POTENT, COMPRE	7/1/2003	RBRVS	\$21.26	\$21.26							
92587		EVOKED AUDITORY TEST	7/1/2003	RBRVS	\$43.53	\$43.53							
92587	TC	EVOKED AUDITORY TEST	7/1/2003	RBRVS	\$37.54	\$37.54							
92587	26	EVOKED AUDITORY TEST	7/1/2003	RBRVS	\$5.99	\$5.99							
92588		EVOKED AUDITORY TEST	7/1/2003	RBRVS	\$57.90	\$57.90							
92588	TC	EVOKED AUDITORY TEST	7/1/2003	RBRVS	\$42.37	\$42.37							
92588	26	EVOKED AUDITORY TEST	7/1/2003	RBRVS	\$15.53	\$15.53							
92589		AUDITORY FUNCTION TEST(S)	7/1/2003	RBRVS	\$15.62	\$15.62							
92590		HEARING AID EXAM, ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00							
92591		HEARING AID EXAM, BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00							
92592		HEARING AID CHECK, ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00							
92593		HEARING AID CHECK, BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00							
92594		ELECTRO HEARNG AID TEST, ONE	7/1/2003	BY REPORT	\$0.00	\$0.00							
92595		ELECTRO HEARNG AID TST, BOTH	7/1/2003	BY REPORT	\$0.00	\$0.00							
92596		EAR PROTECTOR EVALUATION	7/1/2003	RBRVS	\$17.24	\$17.24							
92597		ORAL SPEECH DEVICE EVAL	7/1/2003	RBRVS	\$70.90	\$37.57							
92950		HEART/LUNG RESUSCITATION CPR	7/1/2003	RBRVS	\$144.89	\$144.89	000						
94010	EP	BREATHING CAPACITY TEST	7/1/2003	RBRVS	\$29.75	\$29.75							
94010	TC	BREATHING CAPACITY TEST	7/1/2003	RBRVS	\$23.14	\$23.14							
94010	26	BREATHING CAPACITY TEST	7/1/2003	RBRVS	\$6.64	\$6.64							
94060	EP	EVALUATION OF WHEEZING	7/1/2003	RBRVS	\$52.07	\$52.07							
94060	TC	EVALUATION OF WHEEZING	7/1/2003	RBRVS	\$39.91	\$39.91							
94060	26	EVALUATION OF WHEEZING	7/1/2003	RBRVS	\$12.13	\$12.13							
94070	EP	EVALUATION OF WHEEZING	7/1/2003	RBRVS	\$138.60	\$138.60							
94070	TC	EVALUATION OF WHEEZING	7/1/2003	RBRVS	\$115.18	\$115.18							
94070	26	EVALUATION OF WHEEZING	7/1/2003	RBRVS	\$23.42	\$23.42							
94150	EP	VITAL CAPACITY TEST	7/1/2003	RBRVS	\$0.00	\$0.00							
94150	TC	VITAL CAPACITY TEST	7/1/2003	RBRVS	\$0.00	\$0.00							
94150	26	VITAL CAPACITY TEST	7/1/2003	RBRVS	\$0.00	\$0.00							
94200	EP	LUNG FUNCTION TEST (MBC/MVV)	7/1/2003	RBRVS	\$21.14	\$21.14							
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	7/1/2003	RBRVS	\$16.84	\$16.84							
94200	26	LUNG FUNCTION TEST (MBC/MVV)	7/1/2003	RBRVS	\$4.30	\$4.30							
94240	EP	RESIDUAL LUNG CAPACITY	7/1/2003	RBRVS	\$60.46	\$60.46							

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					Office	Facility					Assist	CoSurg	Team
94240	TC	RESIDUAL LUNG CAPACITY	7/1/2003	RBRVS	\$50.36	\$50.36							
94240	26	RESIDUAL LUNG CAPACITY	7/1/2003	RBRVS	\$10.10	\$10.10							
94250	EP	EXPIRED GAS COLLECTION	7/1/2003	RBRVS	\$22.82	\$22.82							
94250	TC	EXPIRED GAS COLLECTION	7/1/2003	RBRVS	\$18.52	\$18.52							
94250	26	EXPIRED GAS COLLECTION	7/1/2003	RBRVS	\$4.30	\$4.30							
94260	EP	THORACIC GAS VOLUME	7/1/2003	RBRVS	\$19.77	\$19.77							
94260	TC	THORACIC GAS VOLUME	7/1/2003	RBRVS	\$14.62	\$14.62							
94260	26	THORACIC GAS VOLUME	7/1/2003	RBRVS	\$5.18	\$5.18							
94350	EP	LUNG NITROGEN WASHOUT CURVE	7/1/2003	RBRVS	\$62.14	\$62.14							
94350	TC	LUNG NITROGEN WASHOUT CURVE	7/1/2003	RBRVS	\$52.04	\$52.04							
94350	26	LUNG NITROGEN WASHOUT CURVE	7/1/2003	RBRVS	\$10.10	\$10.10							
94360	EP	MEASURE AIRFLOW RESISTANCE	7/1/2003	RBRVS	\$24.63	\$24.63							
94360	TC	MEASURE AIRFLOW RESISTANCE	7/1/2003	RBRVS	\$14.53	\$14.53							
94360	26	MEASURE AIRFLOW RESISTANCE	7/1/2003	RBRVS	\$10.10	\$10.10							
94370	EP	BREATH AIRWAY CLOSING VOLUME	7/1/2003	RBRVS	\$61.92	\$61.92							
94370	TC	BREATH AIRWAY CLOSING VOLUME	7/1/2003	RBRVS	\$51.79	\$51.79							
94370	26	BREATH AIRWAY CLOSING VOLUME	7/1/2003	RBRVS	\$10.10	\$10.10							
94375	EP	RESPIRATORY FLOW VOLUME LOOP	7/1/2003	RBRVS	\$28.16	\$28.16							
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2003	RBRVS	\$16.03	\$16.03							
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2003	RBRVS	\$12.13	\$12.13							
94400	EP	CO2 BREATHING RESPONSE CURVE	7/1/2003	RBRVS	\$37.51	\$37.51							
94400	TC	CO2 BREATHING RESPONSE CURVE	7/1/2003	RBRVS	\$21.89	\$21.89							
94400	26	CO2 BREATHING RESPONSE CURVE	7/1/2003	RBRVS	\$15.62	\$15.62							
94450	EP	HYPOXIA RESPONSE CURVE	7/1/2003	RBRVS	\$31.34	\$31.34							
94450	TC	HYPOXIA RESPONSE CURVE	7/1/2003	RBRVS	\$15.75	\$15.75							
94450	26	HYPOXIA RESPONSE CURVE	7/1/2003	RBRVS	\$15.59	\$15.59							
94620	EP	PULMONARY STRESS TEST/SIMPLE	7/1/2003	RBRVS	\$88.68	\$88.68							
94620	TC	PULMONARY STRESS TEST/SIMPLE	7/1/2003	RBRVS	\$63.83	\$63.83							
94620	26	PULMONARY STRESS TEST/SIMPLE	7/1/2003	RBRVS	\$24.88	\$24.88							
94640	EP	AIRWAY INHALATION TREATMENT	7/1/2003	RBRVS	\$19.58	\$19.58							
94642	EP	AEROSOL INHALATION TREATMENT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94656	EP	INITIAL VENTILATOR MGMT	7/1/2003	RBRVS	\$46.24	\$46.24							
94657	EP	CONTINUED VENTILATOR MGMT	7/1/2003	RBRVS	\$32.36	\$32.36							
94660	EP	POS AIRWAY PRESSURE, CPAP	7/1/2003	RBRVS	\$41.75	\$29.75							
94662	EP	NEG PRESS VENTILATION, CNP	7/1/2003	RBRVS	\$29.53	\$29.53							
94664	EP	AEROSOL OR VAPOR INHALATIONS	7/1/2003	RBRVS	\$14.87	\$14.87							
94667	EP	CHEST WALL MANIPULATION	7/1/2003	RBRVS	\$23.04	\$23.04							
94668	EP	CHEST WALL MANIPULATION	7/1/2003	RBRVS	\$19.86	\$19.86							
94680	EP	EXHALED AIR ANALYSIS, O2	7/1/2003	RBRVS	\$61.24	\$61.24							
94680	TC	EXHALED AIR ANALYSIS, O2	7/1/2003	RBRVS	\$50.85	\$50.85							
94680	26	EXHALED AIR ANALYSIS, O2	7/1/2003	RBRVS	\$10.38	\$10.38							
94681	EP	EXHALED AIR ANALYSIS, O2/CO2	7/1/2003	RBRVS	\$84.90	\$84.90							
94681	TC	EXHALED AIR ANALYSIS, O2/CO2	7/1/2003	RBRVS	\$76.83	\$76.83							

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					Office	Facility					Assist	CoSurg	Team
94681	26	EXHALED AIR ANALYSIS, O2/CO2	7/1/2003	RBRVS	\$8.08	\$8.08							
94690	EP	EXHALED AIR ANALYSIS	7/1/2003	RBRVS	\$61.14	\$61.14							
94690	TC	EXHALED AIR ANALYSIS	7/1/2003	RBRVS	\$58.31	\$58.31							
94690	26	EXHALED AIR ANALYSIS	7/1/2003	RBRVS	\$2.84	\$2.84							
94720	EP	MONOXIDE DIFFUSING CAPACITY	7/1/2003	RBRVS	\$51.38	\$51.38							
94720	TC	MONOXIDE DIFFUSING CAPACITY	7/1/2003	RBRVS	\$41.28	\$41.28							
94720	26	MONOXIDE DIFFUSING CAPACITY	7/1/2003	RBRVS	\$10.10	\$10.10							
94725	EP	MEMBRANE DIFFUSION CAPACITY	7/1/2003	RBRVS	\$80.13	\$80.13							
94725	TC	MEMBRANE DIFFUSION CAPACITY	7/1/2003	RBRVS	\$70.00	\$70.00							
94725	26	MEMBRANE DIFFUSION CAPACITY	7/1/2003	RBRVS	\$10.10	\$10.10							
94750	EP	PULMONARY COMPLIANCE STUDY	7/1/2003	RBRVS	\$64.26	\$64.26							
94750	TC	PULMONARY COMPLIANCE STUDY	7/1/2003	RBRVS	\$55.31	\$55.31							
94750	26	PULMONARY COMPLIANCE STUDY	7/1/2003	RBRVS	\$8.95	\$8.95							
94760	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	\$0.00	\$0.00							
94761	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	\$0.00	\$0.00							
94762	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	\$22.01	\$22.01							
94770	EP	EXHALED CARBON DIOXIDE TEST	7/1/2003	RBRVS	\$51.91	\$51.91							
94770	TC	EXHALED CARBON DIOXIDE TEST	7/1/2003	RBRVS	\$46.15	\$46.15							
94770	26	EXHALED CARBON DIOXIDE TEST	7/1/2003	RBRVS	\$5.77	\$5.77							
94772	EP	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94772	TC	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00							
94772	26	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00							
95860		MUSCLE TEST, ONE LIMB	7/1/2003	RBRVS	\$73.80	\$73.80							
95860	TC	MUSCLE TEST, ONE LIMB	7/1/2003	RBRVS	\$32.96	\$32.96							
95860	26	MUSCLE TEST, ONE LIMB	7/1/2003	RBRVS	\$40.85	\$40.85							
95861		MUSCLE TEST 2 LIMBS	7/1/2003	RBRVS	\$87.21	\$87.21							
95861	TC	MUSCLE TEST 2 LIMBS	7/1/2003	RBRVS	\$21.36	\$21.36							
95861	26	MUSCLE TEST 2 LIMBS	7/1/2003	RBRVS	\$65.88	\$65.88							
95863		MUSCLE TEST, 3 LIMBS	7/1/2003	RBRVS	\$106.23	\$106.23							
95863	TC	MUSCLE TEST, 3 LIMBS	7/1/2003	RBRVS	\$26.81	\$26.81							
95863	26	MUSCLE TEST, 3 LIMBS	7/1/2003	RBRVS	\$79.42	\$79.42							
95864		MUSCLE TEST, 4 LIMBS	7/1/2003	RBRVS	\$135.23	\$135.23							
95864	TC	MUSCLE TEST, 4 LIMBS	7/1/2003	RBRVS	\$50.61	\$50.61							
95864	26	MUSCLE TEST, 4 LIMBS	7/1/2003	RBRVS	\$84.62	\$84.62							
96105		ASSESSMENT OF APHASIA	7/1/2003	RBRVS	\$51.20	\$51.20							
97001		PT EVALUATION	7/1/2003	RBRVS	\$56.90	\$49.23							
97002		PT RE-EVALUATION	7/1/2003	RBRVS	\$30.53	\$24.79							
97003		OT EVALUATION	7/1/2003	RBRVS	\$60.43	\$47.89							
97004		OT RE-EVALUATION	7/1/2003	RBRVS	\$36.79	\$23.70							
97012		MECHANICAL TRACTION THERAPY	7/1/2003	RBRVS	\$11.44	\$11.44							
97014		ELECTRIC STIMULATION THERAPY	7/1/2003	RBRVS	\$10.76	\$10.76							
97016		VASOPNEUMATIC DEVICE THERAPY	7/1/2003	RBRVS	\$10.76	\$10.76							
97018		PARAFFIN BATH THERAPY	7/1/2003	RBRVS	\$5.02	\$5.02							

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# **Montana Medicaid - Fee Schedule** **EPSDT**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
97020		MICROWAVE THERAPY	7/1/2003	RBRVS	\$3.65	\$3.65							
97022		WHIRLPOOL THERAPY	7/1/2003	RBRVS	\$11.26	\$11.26							
97024		DIATHERMY TREATMENT	7/1/2003	RBRVS	\$3.65	\$3.65							
97026		INFRARED THERAPY	7/1/2003	RBRVS	\$3.65	\$3.65							
97028		ULTRAVIOLET THERAPY	7/1/2003	RBRVS	\$4.52	\$4.52							
97032		ELECTRICAL STIMULATION	7/1/2003	RBRVS	\$12.53	\$12.53							
97033		ELECTRIC CURRENT THERAPY	7/1/2003	RBRVS	\$15.53	\$15.53							
97034		CONTRAST BATH THERAPY	7/1/2003	RBRVS	\$10.82	\$10.82							
97035		ULTRASOUND THERAPY	7/1/2003	RBRVS	\$9.45	\$9.45							
97036		HYDROTHERAPY	7/1/2003	RBRVS	\$17.52	\$17.52							
97039		PHYSICAL THERAPY TREATMENT	7/1/2003	RBRVS	\$9.17	\$9.17							
97110		THERAPEUTIC EXERCISES	7/1/2003	RBRVS	\$21.67	\$21.67							
97112		NEUROMUSCULAR REEDUCATION	7/1/2003	RBRVS	\$22.26	\$22.26							
97113		AQUATIC THERAPY/EXERCISES	7/1/2003	RBRVS	\$23.01	\$23.01							
97116		GAIT TRAINING THERAPY	7/1/2003	RBRVS	\$19.14	\$19.14							
97124		MASSAGE THERAPY	7/1/2003	RBRVS	\$17.15	\$17.15							
97139		PHYSICAL MEDICINE PROCEDURE	7/1/2003	RBRVS	\$12.19	\$12.19							
97140		MANUAL THERAPY	7/1/2003	RBRVS	\$20.58	\$20.58							
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2003	RBRVS	\$14.19	\$14.19							
97504		ORTHOTIC TRAINING	7/1/2003	RBRVS	\$21.92	\$21.92							
97520		PROSTHETIC TRAINING	7/1/2003	RBRVS	\$21.42	\$21.42							
97530		THERAPEUTIC ACTIVITIES	7/1/2003	RBRVS	\$21.95	\$21.95							
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2003	RBRVS	\$18.71	\$18.71							
97533		SENSORY INTEGRATION	7/1/2003	RBRVS	\$19.83	\$19.83							
97535		SELF CARE MNGMENT TRAINING	7/1/2003	RBRVS	\$23.60	\$23.60							
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2003	RBRVS	\$21.48	\$21.48							
97545		WORK HARDENING	7/1/2003	BY REPORT	\$0.00	\$0.00							
97546		WORK HARDENING ADD-ON	7/1/2003	BY REPORT	\$0.00	\$0.00							
97703		PROSTHETIC CHECKOUT	7/1/2003	RBRVS	\$16.87	\$16.87							
97750		PHYSICAL PERFORMANCE TEST	7/1/2003	RBRVS	\$22.26	\$22.26							
97799		PHYSICAL MEDICINE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00							
98940		CHIROPRACTIC MANIPULATION	7/1/2003	RBRVS	\$20.11	\$17.12	000						
98941		CHIROPRACTIC MANIPULATION	7/1/2003	RBRVS	\$27.91	\$24.63	000						
98942		CHIROPRACTIC MANIPULATION	7/1/2003	RBRVS	\$36.54	\$33.02	000						
98943		CHIROPRACTIC MANIPULATION	7/1/2003	RBRVS	\$18.65	\$16.43							
99201		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	\$26.91	\$18.15							
99202		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	\$48.24	\$35.95							
99203		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	\$71.56	\$54.88							
99204		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	\$102.21	\$81.16							
99205		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	\$130.71	\$107.76							
99381		PREV VISIT, NEW, INFANT	7/1/2003	RBRVS	\$77.67	\$48.73							
99382		PREV VISIT, NEW, AGE 1-4	7/1/2003	RBRVS	\$83.81	\$55.66							
99383		PREV VISIT, NEW, AGE 5-11	7/1/2003	RBRVS	\$82.16	\$55.66							

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
99384		PREV VISIT, NEW, AGE 12-17	7/1/2003	RBRVS	\$89.33	\$62.83							
99385		PREV VISIT, NEW, AGE 18-39	7/1/2003	RBRVS	\$89.33	\$62.83							
99391		PREV VISIT, EST, INFANT	7/1/2003	RBRVS	\$59.02	\$41.81							
99392		PREV VISIT, EST, AGE 1-4	7/1/2003	RBRVS	\$66.20	\$48.73							
99393		PREV VISIT, EST, AGE 5-11	7/1/2003	RBRVS	\$65.38	\$48.73							
99394		PREV VISIT, EST, AGE 12-17	7/1/2003	RBRVS	\$72.59	\$55.66							
99395		PREV VISIT, EST, AGE 18-39	7/1/2003	RBRVS	\$73.43	\$55.66							
G0237	EP	THERAPEUTIC PROCD STRG ENDUR	7/1/2003	RBRVS	\$13.28	\$13.28							
G0238	EP	OTH RESP PROC, INDIV	7/1/2003	BY REPORT	\$0.00	\$0.00							
G0239	EP	OTH RESP PROC, GROUP	7/1/2003	BY REPORT	\$0.00	\$0.00							
V5266		BATTERY FOR HEARING DEVICE	7/1/2003	FEE SCHED	\$1.21	\$0.00							